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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CON of 09/986,376 11/08/2001 PAT 6,656,183 MH 12-1-05

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 None MH 12-5-05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 03/01/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MA	MH 12-5-05 SHEETS DRAWING 12	MH 12-5-05 TOTAL CLAIMS 1	MH 12-5-05 INDEPENDENT CLAIMS 1
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ADDRESS  
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TITLE  
 Tissue repair system

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